Dane County SSI MC
Quality Assurance Workgroup
Minutes 10/27/04

Present:	**Joyce Allen, Division of Disability and Elder Services (DDES) Co-Chair** **Dr. Michelle Urban, Division of Health Care Financing (DHCF) Co-Chair** **Michael Fox, Deputy Bureau Director (DHCF)** **Melissa Thielman, Community Living Alliance (CLA)** **Bill Greer, Mental Health Center of Dane Co. (MHCDC)** **Gary Ilminen, DHCF** **Peg Algar, DHCF** **Steven Landkamer, DDES** **Mary Olen, The Management Group Inc. (TMG)** **David LeCount, Dane County** **Todd Costello, CLA** **Sara Roberts, CLA** **Cheryl Keating, CLA** **Kirstin Dolwick, MetaStar** **Angie Gault, APS** **Don Libby, APS**
Excused:	**Dr. Ron Diamond, MHCDC** **Peggy Michaelis, MHCDC** **Jeff Erlanger** **Ginny Graves, TMG** **Lesly Oxley, TMG**

- **Future meetings are scheduled at the Glass Bank Blg:**

  US Bank Plaza (Where TMG Office is)
  Suite 320
  One South Pinckney Street

  11/19/04 1:00-4:00
  12/15/04 1:00-4:00

- **Additional meetings will be scheduled as needed.**

- **Minutes from the 9/14/04 meeting were approved.**

- **Important Deadlines:**

- ✓ **Currently, our target implementation date for the Dane SSI MC Program is July 1, 2005.**

- ✓ **It is anticipated that the 1915(b) Medicaid Waiver Application will be Submitted in January 2005.**

- ✓ **A draft of the Medicaid Contract for the Dane SSI MC Program will be developed by June of 2005.**

I. Review of the Mission and Products for the Dane QA Workgroup--Dr. Urban

- The mission of the Dane QA Workgroup is to make recommendations to the larger advisory committee regarding requirements for:

  - ✓ Clinical physical and mental health monitoring measures

  - ✓ Consumer satisfaction measures

  - ✓ Performance Improvement Projects

  - ✓ Quality Requirements for the Contract

  - ✓ Quality Requirements for the 1915(b) Medicaid Waiver Application

- The workgroup will produce a report that outlines the above work products.

- The report will outline a process by which data will be utilized for program oversight and for quality improvement, including suggested data sources, as well as potential methods to measure and collect the information.

- Wherever possible, existing measures that are currently used for other programs will be considered.

II. Review of Existing Measures/Protocols Presented to the Workgroup--Dr. Urban

- At the first two meetings of the Dane SSI QA Workgroup, existing quality measures/protocols utilized in other managed care and waiver programs were presented. These included:

  - ✓ The Federal External Quality Review Process--Presented by Kristin Dolwick

- ✓ Independent Care (iCare) SSI MC Quality Assessment and Performance Improvement (QAPI) contract provisions--Presented by Gary Ilminen (DHCF)

- ✓ State Mental Health Data Reporting--Presented by Joyce Allen (DDES)

- ✓ MEDDIC Measures--Presented by Gary Ilminen (DHCF)

- ✓ Potential Quality Measures based on iCARE and SSI FFS data--Presented by Angie Gault (APS) and Dr. Urban

- ✓ Predictive Modeling--Presented by Don Libby, APS

- ✓ Wisconsin Partnership Encounter Data Reporting Requirements--Presented by Steve Landkamer (DDES)

III. Overview of MEDDIC-MS SSI Measures--Gary Ilminen

- MEDDIC-MS SSI stands for *Medicaid Encounter Data Driven Improvement Core Measure Set, Supplemental Security Income.*

- This data set was designed by the State of Wisconsin to measure performance on key clinical quality performance indicators by managed care organizations (MCOs) serving individuals eligible for SSI.

- Presently, the system is fully implemented for routine operational use in the iCARE program. MEDDIC-MS is a similar system used for performance measurement in the Medicaid/BadgerCare HMO program.

- MEDDIC-MS was designed to assure contract compliance and meet federal reporting requirements for State Medicaid managed care programs. The MEDDIC-MS SSI measures have been evaluated and approved by the federal Agency for Healthcare Research and Quality (AHRQ) for inclusion in the National Quality Measures Clearinghouse (NQMC).

- *Targeted Performance Improvement Measures and Monitoring Measures* are also included in the MEDDIC-MS SSI data set and are intended to be linked to a goal-setting methodology. Examples of potential Targeted Performance Improvement Measures are ambulatory care for diabetes and preventive dental care. Examples of Utilization/Monitoring Measures are asthma prevalence and pap test rate.

- Key Operational Characteristics of MEDDIC-MS:

  - ✓ Measures are designed to operate in an automated fashion, using state-controlled electronic data streams.

- ✓ Medical record review is not required for performance measure data acquisition. This reduces administrative cost and is less intrusive than measures that require record review.

- ✓ The MCO does not calculate or report its own performance on the measures--all calculations are done by an independent third party under contract with the Department.

- ✓ Measure can be calculated in variable time frames.

Discussion

- Michael Fox stated that this type of measurement is contingent on whether programs have the capacity to submit encounter data. Once a program is capable of reporting encounter data, many possibilities for analysis are available.

- CLA asked if technical support would be available to assist the programs in developing IT systems to support encounter data submission, whether custom reporting could be done for the programs and whether providers would have direct access to the data.

Responses:

- ✓ Technical specifications can be built into the contract and sub-contracts.

- ✓ If a program desired a custom report, they would need to submit technical specifications to the State and the Department would review the request.

- ✓ Provider access would need to be determined. The current system is not designed to provide direct access to providers. However, it may be possible for programs to access the data in the future through web-based applications. Currently, the provider may have access to the data via a public record request.

- Peg Algar will provide the MEDDIC-MS technical specifications to workgroup members via e-mail.

IV. Overview on Potential Quality Measures for the SSI Population--Angie Gault and Dr. Urban

- APS worked under the direction of State staff to produce baseline data on the iCARE and SSI fee-for service populations. The SSI data was displayed by public health regions and plotted on graphs along with the iCARE data.

- The data was run for 2001 and 2002 and compared the average utilization of particular services across regions. Examples of some of the measures for which technical specifications have been developed include:

  - ✓ General Population: Any Medical Service
  - ✓ General Population: Any Outpatient Mental Health
  - ✓ General Population: Any Inpatient Mental Health Hospitalization
  - ✓ General Population: An Emergency Department Visit for Any Diagnosis
  - ✓ General Population: Any Hospitalization for an Ambulatory Care Sensitive Condition
  - ✓ AODA Subpopulation: Any Outpatient Mental Health or Substance Abuse Service
  - ✓ AODA Subpopulation: Any Detoxification Service
  - ✓ MMI Subpopulation: Any Outpatient Mental Health Service
  - ✓ MMI Subpopulation: Percent Receiving Psychotropic Medication
  - ✓ MMI Subpopulation: Any Inpatient Mental Health Hospitalization

- These measures could be used to establish baseline data for the SSI population prior to the implementation of SSI managed care.

- Data can be displayed for a variety of timeframes (quarterly, yearly, etc.). The shorter timeframe graphs would be expected to show more variation.

Comments:

- The measures could be run before and after the managed care programs are implemented to assure that access to select services is atleast as good as in fee-for-service.

- Plan/provider level corrective action based on the data may be recommended from the Department and suggestions for Performance Improvement Projects.

V. Predictive Modeling--Don Libby

- Predictive modeling involves utilizing indicators selected from historical Medicaid claims data to predict future levels of service utilization and cost. The model predicts

aggregate data more accurately than it predicts individual data. The more variables accounted for, the more accurate the model will become. The model has been validated and the sensitivity/specificity trade-off has been assessed. The model is now being revised.

- Presently, the indicators selected from historical Medicaid claims data, and the model predictions are packaged in a one-page prospective consumer profile (to be generated for each new managed-care enrollee), and a population profile for adults on SSI in Dane County (to be generated as an annual report for year-to-year comparison).

- The Consumer Profile compares the average WI SSI Adult with individual consumer scores for particular conditions and service utilization selected from historical Medicaid claims data. The Population Profile compares two (or more) calendar years of data on Dane County population averages for the same measures. The measures included on the current version of the proposed Profile are:

  - ✓ Consumer Identification/Population Composition
  - ✓ Hospital Admission for Ambulatory Care Sensitive Conditions
  - ✓ Summary of Behavioral Health and Substance Abuse Care
  - ✓ Summary of CDPS Diagnostic Grouping
  - ✓ Summary of Predictive Modeling on Projected Expenditures

- See Attachment for Available Indicators for SSI Managed Care Expansion Predictive Modeling, Quality, and Outcome Monitoring.

Discussion:

- One of the additional measures APS is working on is tracking the mean possession ratio for particular drugs to assess whether best practices are being followed regarding medication management and compliance. This measure may be used to target early interventions. Additional medications may be tracked. Don Libby will contact Dr. Diamond, Lani Holmes (the CLA pharmacist), and Allan Mailloux (the APS pharmacist) for guidance.

- Our workgroup may suggest additional variables to include in the profile. The more precise the indicators, the better the model.

- The one-page Consumer Profile report is expected to be generated for each newly enrolled individual, and then distributed to the Managed Care Programs electronically, via secure communications. Programs that seek a more detailed view

of a consumer's Medicaid claim history may access the data in the future through a secure web-based application.

- The short report will be produced for all enrollees. The population profile could be generated annually.

- Currently, the Predictive Model is designed to predict three outcomes reported on the Consumer Profile: (1) predicted expenditures; (2) predicted risk of catastrophic expenditures; (3) predicted risk of a large expenditure increase.

- One of the uses of the Consume Profile is "Rapid Management": historical and predictive data can be used to target certain types of individuals for case management or to prioritize consumers for clinical evaluations.

- The Consumer Profile and the Population Profile can be used to track year-to-year changes, or to look back annually at the data to assess whether the predicted cost increases were avoided or lowered because of early intervention. This will work better on an aggregate rather than individual basis.

Question:

- Is it possible to also run individuals through CCS rather than just CDPS?

Response:

- Yes, it is possible to do this using SAS software.

VI. New Partnership Encounter Data Requirements--Steve Landkamer

- Encounter data reporting from the Wisconsin Partnership Program will be utilized primarily for rate setting. The programs will be required to provide data on both "purchased services" and "provided services."

- Provided Services:

  - ✓ The term "provided services" includes all non-purchased services that the Partnership Organization provides in order to deliver and coordinate health and long-term care services.

  - ✓ The units of provided services reported on the encounter system can be either actual time spent or an estimated value based on a predictive model approved by the Department.

  - ✓ The types of service to be reported include case specific time provided by various credentialed providers. Examples include: care management time, therapy services, therapy services, and transportation.

- Purchased Services

  - ✓ The term "purchased services" means services provided to a member for which the Partnership Organization requires a request for payment.

  - ✓ The submitted encounter data will contain both Medicare and Medicaid claims.

- Any service that comes in on a paid claim will be recorded as an encounter. The Department will be shifting to HIPAA compliant procedure codes.

- Eventually sites will be able to extract data directly through MEDS.

Discussion

- Functional level could be very related to level of care and cost.

- How do we design systems to better provide continuity of services for individuals that go in and out of jail, or who have breaks in eligibility?

- The issue of dual diagnoses (physical and mental health, MH and substance abuse, etc) was raised, as was the issue of DD diagnoses. We will discuss theses issues further at the next Dane Co. Advisory meeting.

Response:

Don Libby states that it may be possible to look at breaks in continuous eligibility as a risk factor in the predictive model. Also, the Medicaid contract could incorporate requirements regarding expectations for continuity of enrollment/care.

VII. Next Steps

- The next meeting is scheduled for November 19th, 1:00-4:00 pm, in conference room 320 (TMG Office), in the US Bank Plaza at 1 S. Pinckney Street, Madison.

- The meeting will be a working meeting to develop recommendations for specific indicators.